



# WARRINGTON SCHOOL

CMB 14085, Warrington 9449, Otago  
Phone - 03 482 2605  
Email - office@warrington.school.nz  
www.warrington.school.nz

## Warrington School, Scale A, Application Form

### 1. POSITION APPLIED FOR:

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### 2. PERSONAL DETAILS

- Name:

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- Address:

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- Email:

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- Contact Telephone:

Home:

Work:

Mobile:

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- Gender (for EEO purposes)

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- Ethnic Identification (EEO purposes)

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- Teacher Registration Number:

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### 3. QUALIFICATIONS

*(If not provided in CV or covering letter)*

- Educational & other relevant

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- Date Qualification(s) attained

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### 4. PREVIOUS EMPLOYMENT

*(If not provided in CV or covering letter)*

- Position

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- School

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- Length of Service

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### 5. YOUR STRENGTHS *(Please provide a short written statement – if not provided in CV or covering letter)*

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### 6. REFEREES *(Name, address and telephone number – if not provided in CV or covering letter)*

1.

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2.

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3.

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## 7. CONFIRMATION

1. I certify that the information given in this application and supporting information (CV and covering letter) is, to the best of my knowledge correct. I understand this may be verified.
2. In accordance with the Privacy Act, I authorise the Board of Trustees to obtain further information from the referees listed in this application and consent to the referees disclosing such information to the Board.
3. Have you ever been convicted of an offence against the laws (excluding minor traffic offences)? **Yes / No.**
4. Is there anything that may impact on your ability to perform your duties in this position? **Yes / No** (trial question).

Applicants Name:

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Applicants Signature:

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Date:

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